FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054838 (6)**

1. Corporation Name
AMERICAN MUSCLE & MOTORCYCLES INC.

Principal Place of Business	Mailing Address
18090 COLLINS AVE SUITE T-22 MIAMI BEACH FL 33160	18090 COLLINS AVE SUITE T-22 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 601 S.E. 5th Avenue
Suite, Apt. #, etc. 22
City & State 23 Delray Beach FL
Zip 24 Fl. 33483 Country 25 USA

2a. Mailing Address
26 601 S.E. 5th Avenue
Suite, Apt. #, etc. 27
City & State 28 Delray Beach, FL
Zip 29 33483 Country 30 USA

4. FEI Number: 65-0442222 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATAPIS, DEAN
18090 COLLINS AVE
SUITE T-22
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: Patapis Dean
82 Street Address (P.O. Box Number is Not Acceptable): 601 S.E. 5th Avenue
83
84 City: Delray Beach FL 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☑ Change ☐ Addition
NAME	PATAPIS, DEAN	1.2 NAME	Patapis Dean	
STREET ADDRESS	18090 COLLINS AVE SUITE T-22	1.3 STREET ADDRESS	601 S.E. 5th Avenue	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dean Patapis President 01-18-95 407-272-0600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — (Area Code) Telephone #

01792485 CP